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Communications.

INSTRUMENTAL DIAGNOSIS.

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(Continued from page 47.)

II. Ophthalmoscopic Characters of the Diseases of the Retina.

11. Separation of the Retina from the Choroid.

Desmarres found in one hundred cases of incomplete amaurosis nine where the retina was separated from the choroid, so that the affection is by no means rare. It presents itself in various degrees, from a patch a quarter or half an inch in diameter, to that extensive separation that involves the whole retina. The nervous layer when thus loosened from its adhesion with the choroid, falls into folds mostly in a transvere direction, sometimes, however, they are radiating. In the lower degrees of separation the retina remains transparent, so that the underlying parts may be easily inspected, if the effusion between the two menbranes be also diaphanous. As the disease advances, the results of progressive inflammatory action are indicated by the retina becoming opaque in patches and streaks over its entire extent.

The position of the separation may be at any point in the retinal field, but in almost all cases the effused fluid upon which separation depends, obeying gravitation, will descend into the inferior segment of the retina, where the characteristic features of the alteration will be observed. The increase of the fluid is shown by the gradual advance of the posterior, and generally irregular margin of the separation towards the optic disk, around which it passes upon both sides, and ascends until all but an upper section of the retina is completely detached.

As the sero-albuminous fluids collect, and pushes the retina forward toward the iris, the vitreous humor is proportionally absorbed by the pressure exercised upon it from behind, until the hydropic folds of the retina approach so near the iris, in some cases, that their wave-like motion can be readily seen by the unassisted eye. In other cases, however, the disease does not progress to this palpable degree, but is so moderate as to require the ophthalmoscope to distinguish the folded and moving retina.

This characteristic wave-like motion of the retina, when the eye is made to change its position, is in very rare instances wanting, perhaps in consequence of the edges of the separated fold being firmly adherent to the choroid, so that the fluid is in some sort incapsulated. When, however, in any case no motion is observed in the folded retina, it should rather lead the observer not to regard it as one of retinal separation dependent upon sero-albuminous effusion, but a separation connected with some other pathological change, for instance, as a cysticercus, or choroidal tumor, etc.

As to the nature of this effused fluid, it may be stated that as far as examinations have yet been made with the unmixed liquid, it has been found to be colorless, or of a slightly reddish or yellow tint, fibro-albuminous, and containing various salts in solution; and when the disease has been of long standing, or connected with adjacent inflammatory changes, the fluid is altered greatly in character; the albuminous constituents, often depositing upon the interior of the folds in flakes, while the fluid portions becomes charged with hematin, cholerterine, fatty and pigmental matter, and blood coloring it in various degrees and tints from a light-reddish, or yellowish to a deep-brown or brownish-black.

The exact causes of the changes here described, are not as yet ascertained and indisputably defined. At first, though thought by some to depend upon an effusion of blood beneath the retina this view was entirely untenable, and unsupported by facts and experience. Desmarres punctured eyes affected with subretinal effusion, and obtained a blackish-brown, or chocolate-colored fluid, which he did not, however, regard as originally constituted by blood. Others have assigned choroidal inflammation as the starting point of the effusion, but it lacks confirmation. And in no better light can we view the ascription of the effusion to diminished intra-ocular pressure. All the experience hitherto accumulated of retinal detachment, supports the view that its occurrence is intimately connected with, if it does not entirely depend upon retinal inflammation; not the ordinary type of neuro-retinitis, but some modification or variety of it not as yet accurately determined. This much we do know, and it is strongly corroborative of its inflammatory origin, that the same morbific causes involved in the production of the retinal inflammation, are at the bottom of similar changes in the other structures of the eye producing hyalitis uveitis, choroiditis, and atrophy of the eye-ball, conditions always associated with retinal separation in some period of its course.

Blows and injuries upon the orbital margins and eyeball, surgical operations wounding the membranes of the eye, are also regarded as sufficient causes for the establishment of sub-retinal effusions. The frequent connection of the retinal alteration with myopia, particularly those cases in which there are posterior staphyloma and sclero-choroiditis—conditions productive of alteration in the ocular tension and embarrassed circulation—indicates the intimate and often dependent relation of these pathological conditions. The same derangements of normal intra-ocular circulation and pressure, accompanied with separation, may take their origin in the pressure exercised upon the globe by tumors and abscesses of the orbit and eyeball.

It has already been stated, that the obscuration of vision generally occurs suddenly. This is especially the case in those instances where the retinal detachment results from violence applied directly to the eye or the neighboring bony structures. There are, however, other cases, where the subjective and objective symptoms of the detachment are exceedingly slow in developing, sometimes weeks and months elapsing. In fact, they are so little marked as to remain unnoticed for a long period, the sight being first disturbed by the occurrence of distorted and colored images of external objects, conditions dependent upon floating vitreous opacities. If now the eye be carefully explored ophthalmoscopically, the alteration in the retina is detectable, and the progress of the disease can be discerned, and its ever-varying course noted with ease.

It has already been hinted, that when once the effusion has occurred, spontaneous cure, or at least, improvement in vision, may occur by the absorption of the effused fluid, and the replacement and renewal of connection between the separated membranes. The adhesion, doubtless in some cases, originates in the deposition of a new bond of junction from the solid matter deposited from the effused fluid as it is being absorbed. This favorable result may alone be hoped for in normal eyes in which the detachment has resulted from the infliction of some injury upon them. The other cases, where posterior staphyloma and sclero-choroiditis enter as factors in the pathogenesis of the separation, we can hardly hope for more than a temporary stay of the morbid condition. Inflammatory complications will certainly, sooner or later, culminate in the complete destruction of vision in the eye first affected, and generally also in the other one.

Ordinarily, the disease begins abruptly, without any antecedent symptoms or circumstances to indicate what is about to occur. The vision of one eye is suddenly impaired, the field being occupied by a bright, and sometimes dark cloud, which obscures the perception of all objects behind it, shutting out sometimes the whole of them, at others, but parts of a single one, so that half of a chair or bureau, or other thing, is alone perceived when the eye is directed toward them. The cloud, the position of which is most always above, a circumstance worthy of remembrance as of diagnostic value, has in certain cases

been observed, at its first appearance, to present a blood-red color, which in two or three days is dissipated, the ordinary darker color taking its place.

It is observed sometimes, that the cloud is entirely absent in certain instances of detached retina, its place being usurped by a foggy veiling of objects presented to the eye, by which they are variously distorted. They also sometimes present various marginal colorings, the reddish tints particularly predominating, and constant alteration of position with every motion of the eye, two circumstances strongly indicative of retinal detachment. This abolition of vision corresponds with the extent of the retinal separation, and progresses proportionally with it, that portion of the retina remaining in connection with the choroid retaining its functional activity, and by observing the position of objects required for distinct vision, we can form a general idea of the location and extent of the separation. This, it must be stated, will simply afford an approximation, for it may be observed that the extent of abolished vision is sometimes much greater than the observed extent of the disease.

As long as the macula lutea remains unembarrassed, the smallest letters may be distinctly seen and read; in the early stage of the disease this can generally be done. At various periods, however, as the destructive process advances, the functional integrity of the retina is so far impaired, that the visual power of the eye is reduced to the mere perception of light, and even this is destroyed in the end by atrophy of the retina and eye-ball, the result of a slowly advancing inflammation of the choroid, uvea, and vitreous humor.

Retinal deatachment, even when complete, is not incompatible with a certain amount of perception of light, and the impressions are then projected outwardly in the direction of the axis of vision. Experience goes to prove that in certain cases of separation of the retina and choroid, the absorption of the intervening effused matter, permitting the membranes to again come in contact, may be followed by a re-establishment of their connection and the resumption by the retina of its full functional activity. But such cases are certainly not common, and we can only expect such a result in cases of the slightest character, and especially in those occurring in normal eyes, the result of accident.

When the detachment has proceeded to some, extent and particularly when the retina has become opaque, the observer can detect the alteration with his unaided eye, and the more readily if the pupil of the diseased eye be fully dilated. The fundus of the eye then presents a yellowish reflection, and a trembling or wave like motion of the retinal folds can be readily appreciated, while if the folds advance well forward their motion is even communicated to the inside. In most cases, however, this clear picture is not obtainable, as there will be more or less inflammatory disturbance in the vitreous humor associated with the retinal detachment, giving rise to floating opaceties in front of the retina, which obscure its accurate definition. These difficulties are also enhanced occasionally with the occurrence of cataract, particularly of the polar and capsular varieties, the expression of inflammatory action of a slow type in iris and choroid.

In the detection of the earlier stages of retinal separation our only dependence is upon the ophthalmoscope, the employment of which, with satisfaction and certainty, demands a certain amount of diaphaneity of the refracting media, a condition that cannot, even in the majority of cases, be perfectly secured on account of the development of opacities in the vitreous humor. This complication in some degree always accompanies, if it does not really in some cases precede, the retinal detachment. There is something, however, in the movements of the vitreous opacities, on motion of the eye, quite characteristic, and which distinguishes them from somewhat similar movements of cholesterine crystal and pigment masses deposited upon the vibrating, bytropic retinal folds. They both move confusedly and irregularly in every direction whenever the position of the eye is changed, and in so far resemble each other opthalmoscopically, but the moment the eye is stilled the cholesterine crystals always resume the same relative position, however frequently this relation may be disturbed. The vitreous opacities on the contrary, when the disturbing cause is removed, settle confusedly to the lowest portion of the fundus.

When the fundus has been successfully and strongly illuminated the observer should carefully scan its surface in every direction, to detect the position of the retinal separation, which will usually be found at some point at its lower part, mostly below and outwards, more rarely below and inwards, and altogether exceptionally at its upper part. In the latter case the detached fold will only be perceptible for a few hours immediately after the infliction of the injury upon which the separation depends, for the fluid will speedily gravitate downwards, permitting the retina to again resume its normal position upon the choroid, and leaving nothing to mark its presence there but a cloudy patch of retinal tissue.

The fold is usually seen relaxed and vibrating to and fro with every motion of the eye. If the elevated portion of the retina be still transparent, its vessels alone will be seen participating in the motion, perhaps a little obscured by the mist-like clouding of its anterior layer.

The color of the folds vary according to the nature of their contents and the changes that have occurred in their walls. If the fluid be transparent and contained by a diaphanous retina the roseate here of the choroid may be readily perceived through it. With some degree of retinal opacity the folds will present shades varying from a bluish-gray to a deep bluish-green. The highest part of the fold often displays a dull satiny lustre.

There may be in other cases such a degree of folding and thickening of the retina that a whitish-gray or dirty yellowish color only will be seen, modified by darker and lighter portions.

In most cases, even in some of long standing, the circulation in the detached retina continues normal, and the vessels can readily be traced as dark-red and occasionally black streaks, according to the tint of the back ground, pursuing their course in curves over the folds.

The shape of the optic disk will sometimes be changed either stationary or temporarily by a retinal fold overhanging some part of its circumferance; without a knowledge of the possibility of this occurring the observer might be led to an erroneous conclusion. In old standing cases there will be often observed indications of the existence of neuro-retinitis.

According to Graefe in rare cases the entire retina is separated and falls into folds running from the ora serrata to the optic disk, the entire arrangement resembling a funnel with its base at the ora and its apex at the disk.

12. Encephaloid of the Retina.

Observers are not agreed as to the exact tissue in which this form of malignant disease of the interior of the eye takes its start. It is not decided whether in all instances one tissue furnishes the nidus from which it is developed or whether all of them are equally liable. That it often does take its origin in the retina is beyond dispute; that it is sometimes located in the choroid and in the iris are also facts that seem to be sufficiently well established. In this short article I shall confine my remarks to encephaloid as it is met with in the nervous layer of the eye.

Desmarres states that he has especially met with this disease among children; many times he has seen it afflicting infants aged several weeks only; but most often it was towards the second or third year, and between the tenth and fifteenth years that he observed it. On the other hand he had a case of a man nearly forty years of age.

According to the same authority the disease ordinarily attacks but one eye, cases are not, however, uncommon in which both eyes of an infant are affected; he has never seen an instance of this sort in the adult.

It is only upon the first stage of retinal encephaloid we shall dwell, in which only is instrumental means of service in making out the diagnosis. In the latter stages the rapid progress of the disease soon reveals its nature when the ocular walls are ruptured through the cornea, or, what is more frequent, through the sclerotica, and the proliferating tissue is displayed to the eye.

In the very beginning the eye presents nothing abnormal exteriorly—the sclerotica retains its brightness and the iris its accustomed motions. The usual severe pain which comes in with a more advanced period of the disease is wanting; the only prominent subjective symptoms present is

impaired vision of some sort depending upon the position and extent of the retinal tissue invaded by the cancerous matter. It is not long, however, before the iris loses its mobility and the pupil becomes irregular, and increased intra-ocular pressure is evidenced by hardness of the globe and ciliary neurosis. When rays of light are permitted to enter the ocular chamber obliquely, the fundus displays a spot reflecting yellowish, or golden-yellow, light, which increases with the progress of the disease until it invades the entire field.

With the ophthalmoscope the yellowish reflecting surface will be seen to be the uplifted retina, still coursed by its uninterrupted vessels. At a more advanced period it will present all the phenomena of vibrating motion described in connection with simple detachment of the retina, which should be carefully discriminated else the encephaloid character of the case may be overlooked.

The gradual unfolding of the case continues, and the tumor presses upon the vitreous tumor, which disappears *pari passu* with its increase, until the anterior surface of the growth arrives at the crystalline lens. This condition of things may lead the observer into error of diagnosis in supposing the existence of a cataract, but careful examination with ophthalmoscope and with lateral illuminations, taken in connection with the history of the case, will dispel all doubts. It will be well also to mention in this connection that chronic inflammation resulting in the deposition of pus between the retina and choroid, or between the retina and vitreous humor will, likewise, give the yellowish reflection of an encephaloidal surface, and is only to be distinguished by the history of the patient, and the most minute attention to the difference in appearance of the fundus in the two cases.

The last expression of encephaloid is the involvement of all the tissues and ruption of the eye-ball, and the protrusion and ravages of the growth in the surrounding bony tissues and cavities, and certain death.

13. Cysticercus of the Retina.

This remarkable parasite has been the subject of many accurate observations from the earliest times, as it has been found in anterior structures of the eye, but we are indebted principally to von Gräfe and Leibreich, since the introduction of the ophthalmoscope, for the knowledge we now possess of its origin and development in the interior structures of the eye.

It is found sufficient common in the north of Germany, but rarely in the south part and in France; it is equally uncommon in this country.

The cysticercus has been found in the conjunctiva, sub-conjunctival connective tissue, in the cornea, aqueous and vitreous humors, and in the retina. It is the latter locality, especially, that is its principal habitat.

When located in the anterior structures of the eye, its presence can easily be diagnosticated by simple inspection. It seems always to be the source of more or less irritation, and unlike a simple cystic growth, which it may in some cases resemble, the immediately surrounding tissues as well, as its own cell wall will present more or less opacity, and there will be vascular irritation, as shown by the increased number and size of the blood-vessels in the same locality.

The existence of the cysticercus is always a matter of the most serious concern for the safety of the eye, and unless removed, will eventuate in the destruction of vision and atrophy of the globe of the eye.

It probably gains entrance into the eye through some of the blood-vessels supplying it, and afterwards boring its way through their walls to the point to which it is subsequently attached, or floats free in the humors.

The ophthalmoscopic character of the cysticercus are well marked, and characteristic. The cysticercus is found in its early period of development contained in a grayish-white capsule, which, in some cases, seems to be placed between the layers of the retina, as the retinal vessels are continuous over its surface. Though this is the color of the capsule, the light reflected by the sheath often display greenish or bluish tints.

The sheath in some cases appear elongated, being connected at one end by filamentous processes reaching to the retina, at the other by the same thread-like con-

nections, which seem to reach to, and to be attached to the posterior surface of the crystalline lens. The head of the animal is indicated by its position upon the side of the sack, as a white knot-like projection, which can be seen altering its poeition and form.

This mode of connection gives the cysticercus ample facilities of moving about in the fluidized vitreous humor.

In the course of development the capsule is first ruptured, and the cysticercus protrudes its head and neck as a vesicular elevation upon its surface, entirely uncovered by the walls of the sack. The balance of the investing membrane is subsequently broken up into thread-like processes, connected to the fundus of the eye, and partly covers the liberated animal.

As stated above, unless the parasite is removed from the interior of the eye this organ will be finally lost by irido-choroiditis, or hyalitis, with suppuration and final atrophy of the globe.

[To be continued.]

EXTIRPATION OF THE RIGHT PAROTID GLAND.

By Wm. C. Crooks, M.D.,

Of Philadelphia.

The following case, a large, robust, plethoric, and corpulent Irish woman, æt. 45, came under my care August 25th, 1866. In June, 1866, during an altercation she had with other parties, she received a blow immediately below the right ear, and soon after this noticed a swelling of that side of the face. It increased slowly and without much pain for nearly two months, and was thought to be a fatty tumor, or perhaps an abscess. The latter diagnosis being thought the most probable, appropriate applications were made to hasten suppuration. The tumor yielded readily to this treatment, and when sufficiently soft and fluctuating was punctured; when a large quantity of ichor was discharged of an ulcerous nature. About the beginning of August, other openings appeared anterior and posterior to the first, from which a thin fœtid fluid issued; and, when I first saw her, there was not only the opening first made by the lancet, which had now sloughed to a considerable extent, but around it were numerous smaller ones. From all these apertures pus was freely discharged, and accompanied by large sloughs which not unfrequently required for their extrication the use of the forceps.

The submaxillary gland, and the lymphatics of the right side of the neck were more or less involved; and, down the neck till within one and a half inches of the sternal origin of the streno-cleido-mastoid muscle, and anteriorly on the face the masseter muscle, and posteriorly on the neck the sterno-cleido-mastoid were partially bare, and could be seen, owing to the undermining of the parts by the sloughing. A large pouch was formed by the skin and subjacent tissue of the neck, which served as a receptacle for the gravitating fluid. The large blood vessels of the neck, and some of their larger branches in the parotid region, could be seen by dexterously separating the sloughing parts. From the latter a troublesome hemorrhage more than once occurred.

Such a case as this needs little comment. But one thing could be done, and that was to remove the gland entire, and arrest the sloughing as quickly as possible. For the important blood vessels of the neck had already become endangered, and their destruction inevitable if a change was not effected and that without delay. The operation was as follows: One crescentic incision was made, from the zygoma to a point two inches behind the ear on the os occipitis, the sloughing having provided amply for the incision on the neck. On detaching the integument in the form of a double flap, the gland was fully exposed, and as expected, found in a condition favoring easy detachment. Commencing behind the gland, and by working forward it was gradually freed from its posterior and inferior attachments. The external carotid artery was now secured, and the upper and anterior attachments divided, and the gland removed from its deep adhesions. These were by no means as close as in the healthy condition, for a large portion of the gland was removed in the form of small shreds and sloughs, and such adhesions as were yielded readily. During the operation the temporal, transverse-facial and internal maxillary arteries were cut and ligated. The submaxillary gland being in-

volved in the disease, along with a number of the lymphatics in the vicinity, was also removed. A slight hemorrhage which yielded readily to styptics occurred. The wound was then filled lightly with lint well saturated in a strong solution of permanganate of potassa and liquor sodæ chlorinatæ. I will here append the recipe used on that occasion:

℞. Potass. Per-mang., ʒij.
Liq. Sodæ Chlor., f.ʒij. M.
S. Tablespoonful to be added to Oss water.

With this dilution the edges of the flaps were well washed, and then closed by adhesive strips, and covered with a compress, and bandage. The next day this dressing was removed and a stimulating poultice applied, having the wound well washed twice daily with the above formula; but of a greater dilution, using only a dessert-spoonful to the pint of water. This was continued three days, when I applied a solution of nitrate of silver, 20 grains to the ounce, and ordered to follow it the ceratum resinæ. Under this the patient improved rapidly, and in seven weeks was perfectly well. The patient removed from the city three months after the operation, where I know not, and I have not heard from or of her since. Therefore I am unable to ascertain whether or not the disease has again returned.

It is almost superfluous to observe that during all this time of sloughing, suppuration and reparation, the patient had been well managed, and amply supported with food, and wine, and medicine.

At first it was very difficult to arrive at any well grounded opinion as to the true nature of this disease on account of inability to trace any hereditary transmission of the cancerous diathesis. The patient assured me that she was well acquainted with the statistics of her family ancestry, and, that they in general enjoyed both health and longevity, showing at no time any evidence of the cachexia. I questioned her closely, but only found her, if my conjectured diagnosis proved correct, to be unlike her ancestors; which after more accurate and minute examination was proven beyond a doubt.

The cachexia may and undoubtedly does sometimes become subjected to a partial or entire eradication by the production of tumors, whose character are intermediate or transitional between cancerous and simple growths; and may, in this process of unloading the system of that morbid condition of the blood escape the cancerous character, but still be transmissable to posterity. Therefore it can readily be conceived how the parent tainted with the cachexia, though not manifestly so, (on account of the morbid material in the blood being somewhat deficient, and with this no tissue favoring its localization,) may transmit the disease to their offspring, who may offer a better soil for the seed to germinate and mature.

I believe that in a great number (if not all) of the cases where the hereditary transmission is so difficult and seemingly impossible to trace, that by casting a scrutinizing and searching inquiry back into ancestry the germ will be discovered; and not unfrequently in this way, viz., that at some time or other there existed in some member of the family growths which, though receiving the ordinary appellation of tumors, would have been found if subjected to an examination under the microscope to contain cancer cells; but so altered, that, as I said before, the cancerous disposition was gradually fading out. Suppose a case of scirrhous, or medullary, or any of the many different varieties of cancer should come under observation wherein no hereditary disposition could be traced, and that in that individual case there was no such predisposition traceable. There could be left only two other probable sources, those of inoculation and contagion; but concerning these the presumed facts are, at present, very few and uncertain.

Convinced that in the case under observation the tumor was unquestionably a cancerous one, I resolved if possible to trace out the hereditary transmission, or at least satisfy myself better in regard to it. When talking with the patient on one occasion, she told me that she had had recalled to her memory by a friend, when conversing on this subject, what I considered an all important point, i. e., the appearance of hard fibroid tumors (so called) more than once on her grand-parent. Now this may be said to be mere conjecture or wild speculation; but may we not deduce from it that the cancerous sub-

stance in the blood whatever it may be, and whencesoever derived, is a result of long continued elaboration? The feasibility of this question at least will be admitted.

But now let it be observed, this tendency to cancerous disease is often and most generally derived from a parent, who is not yet manifestly cancerous; and the tendency which exists in the parent may even succeed that in the child in developing, or it may become evident in the parent, and (though the tendency exist,) never become effective in the child, and vice versa. Thus it is handed down from grand-parent to grand-child, while in the interposed generation it remains occult.

It is almost superfluous for me here to observe the well known fact of transmutation during transmission of cancer from parent to child; and while this is supported by actual observations in practice, it is at least possible that I may be justly attributing the cause in this case to hereditary disposition. If the tumors which appeared on the grand-parent were cancerous, (and I believe they were,) they without a doubt were of the scirrhous or hard variety; while that in the patient was of the medullary, going to add another testimony in support of the now well proven fact, i. e., that in hereditary transmission the cancer material may be modified so that the form of the disease in the offspring may be different from that in the parent. The change from scirrhous to medullary cancer, and vice versa, is not an unfrequent tale.

Editorial Department.

Periscope.

Notes from the British Medical Association.

We take the following abstracts of some interesting papers read before the last meeting of the British Medical Association from our English exchanges:

On the use of Ether and Etherized Cod-liver Oil in the Treatment of Phthisis. Dr. B. W. Foster referred to the great difficulty of digesting fatty food, which distinguishes the great majority of phthisical patients. This defective assimilating power had hitherto been treated by incorrect or insufficient means. The only true method of treatment to be adopted in such cases should be directed to the organs, whose secretions are at fault. Physiology teaches that the digestion of fat is specially performed by the secretion of pancreas and the glands of small intestine. Dr. Foster had long sought for a means of influencing these glands, and at last had found most ample evidence in the works of Claude Bernard, that ether is capable of augmenting the pancreatic secretions to almost any degree. Bernard was accustomed, in his experiments, to give ether to animals, in order to obtain a good flow of pancreatic juice. Applying this discovery to the treatment of phthisis, Dr. Foster had met with most satisfactory results. The ether was given as a mixture sometimes, but generally in the form of etherized cod-liver oil. Of the patients treated, and all observed over some months, some over two years, 42 per cent. improved under treatment, 30 per cent. remained stationary, and only 28 per cent. became worse; 12 per cent. of the cases treated presented all the evidence of the arrest of the disease. In no case were the symptoms and physical signs alone accepted as evidence of improvement, every case was weighed from week to week while under observation, and only a decided increase of weight in addition to other signs received as evidence.

Bromide and Bi-bromide of Mercury as Therapeutical Agents. Dr. P. Smith gave a comparative view of the relative combinations of fluorine, chlorine, bromine, and iodine with mercury, both with regard to their affinity and per centage in each compound. It was also shown that the bromides are more active than the chlorides. Then followed some remarks on the action of the elements of the compound, viz:—bromide and mercury, in which was ascribed to Sir C. Locock the introduction of bromide of potassium to the profession. The author had used the bromide and bi-bromide of mercury for upwards of five years, and had found the bromide valuable as an efficient chologogue and purgative, promoting absorption of morbid tissue with less constitutional disturbance than from calomel, citing instances, and calling on members of the Association to aid him by their efforts further to investigate the subject and to prove his conclusions.

Ergot of Rye in the Treatment of Neuralgia. Dr. E. Woakes spoke of the ergot of rye as a remedy in the treatment of neuralgia, giving a brief epitome of his views of the pathology of this disease preceded by the illustrative cases, this application of the drug being the direct corollary of his theory. Regarding shingles as more or less

illustrative of all forms of neuralgia, the author referred the rash, and the pain, in it to the same cause: viz., effusion of liq. sanguinis from the ultimate branches of the artery in the track of which the symptoms appear. Tracing this artery to the skin in one direction, the effusion from a papillary arterial twig was seen to occasion a spot of herpes upon the cuticular surface of the papilla; tracing it in the direction of the corresponding sentient nerve, the fluid effused from the nutrient twigs (vasa nervorum) supplying it was found to occasion, by its mechanical disturbance of the sentient fibrillæ, the severe pain constituting the associated neuralgia. The cause of the effusion in such case was referred to a temporary suspension of the regulating influence exercised over the minute arteries by the sympathetic nerve-fibres distributed to them. It was this suspended function that the ergot was supposed to restore, and so to allow of the removal of the fluid from its pain-causing situation. Five cases were reported; one of severe neuralgia following shingles, one of sciatica of four months' duration, one of hemicrania, and two of ordinary tic; in all of which cure resulted in from four to six days after commencing with the ergot.

On Stammering with other Organs than those of Speech. James Paget, Esq., F. R. S., remarked that the essential characters of stammering, in the want of concord between muscles acting to expel something and muscles relaxing to let that something pass, were shown in certain diseases of the urinary organs, and of those of deglutition. The correspondences of the several sets of cases, especially in their mental relations, and the methods of treatment that they consequently required, were pointed out.

On Improvements in Plastic Surgery. Mr. M. Collis described his method of operating for vesico-vaginal fistulæ, by splitting the margins of the fissure and using quilled sutures. He also demonstrated a new mode of operating for hare-lip, the peculiarity of which consisted in utilizing all the parings. He further advocated the use of chloroform in cleft-palate operations, and strongly recommended the propriety of saving the palate, and, if possible, the alveolar process and teeth in tumors of the superior maxilla. His paper was profusely illustrated.

Case of Aneurism of the Innominate Artery, treated by Acupressure of the Carotid and Bronchial Arteries. Mr. George May, Esq., jun., related the case. J. W., aged 38, suffered from aneurism of the innominate artery for twelve months. On August 19th, 1867, an aneurism-needle was passed behind the carotid, and the probe behind the brachial, close to the axilla. Arrest of pain and visible pulsation. The needle was removed after seventy-two hours. The pulse recommenced in temporal; ligature of carotid. The probe was removed from the brachial after ninety-six hours. There was return of visible pulsation in the aneurism on the twelfth day. The author made the following deduction. 1. Early period at which collateral circulation becomes established. 2. Importance of securing carotid and subclavian arteries simultaneously. 3. Advantage of acupressure over ligature. The following were the results of the treatment. Partial arrest of growth of aneurism. Patient able to do easy work.

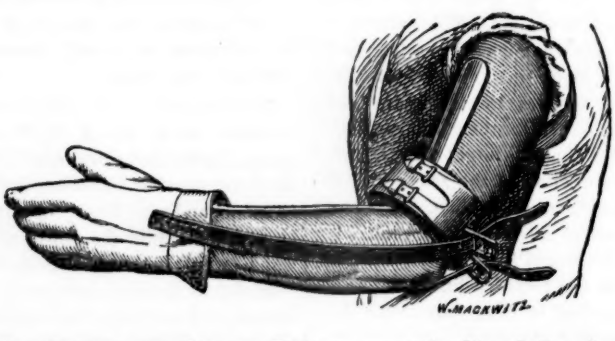
The Removal of Cancer by Caustic Arrows and Carbolic Acid. Dr. J. R. Wolfe related two cases. In the first, there was epithelial cancer in the inner canthus, involving both eyelids, of nine years' standing. Four openings were made around and one in the centre of the tumor, into which were inserted caustic arrows. On the third day the tumor came away; the wound was treated with carbolic acid dressing, at first strong, afterwards diluted, and with the application of carbolised wadding dipped in glycerine; it healed in a fortnight. There was no relapse, and scarcely a trace of a cicatrix remained. The second case was one of cancer of the lower eyelid and cheek, removed in the same way. The patient was discharged in eighteen days. There was no relapse. The advantages of this mode seem to be—1. Little or no pain; no confinement to bed required. 2. Complete extirpation of the diseased part. 3. The gap left granulates freely, without leaving any mark. 4. It is valuable for removing tumors from regions where no skin can be obtained from the neighborhood, and is also applicable to erectile tumors, nævi, cancer of the breast, etc., occurring in particular persons, places, or seasons of the year when the use of the knife is to be dreaded. The arrows are prepared by making chloride of zinc into a stiff paste with starch, rolling into shape and drying. Dr. Wolfe showed that obliteration of the lachrymal sac, etc., did not necessarily induce epiphora or any discomfort, referring to the result of his own experiments on rabbits, which proved that the lachrymal gland was by no means the main source of the tears, which continued after the removal of that gland.

—— The final abolition of corporal punishment in female prisons in Prussia is now ordered by the Minister of the Interior.

Fractures of the Olecranon.

Dr. E. A. Clark, Resident Physician, St. Louis City Hospital, in the *Humboldt Medical Archives*, gives the following account of the treatment he adopts in such cases.

"I have found all the ordinary appliances in use for treating fractures of the olecranon so deficient in meeting the indications required, that I have been induced to devise the apparatus represented in the following wood-cut, which is sufficiently simple to require but little description.



Fractures of the olecranon, as they usually occur toward the middle or base of the process, are generally attended with such a degree of displacement—especially in muscular subjects—that the ordinary method of applying narrow strips of cotton or cloth around the arm—both above and below the elbow—and approximating them by means of lateral strips, as recommended by Sir Astley Cooper and Amesbury, with the view of bringing down the upper fragment in apposition with the head of the ulna, and thus securing the condition most favorable for bony union, will necessarily require these bands to be so tight around the arm, at both points, as to arrest the circulation. This danger will be the more imminent in cases where there is much contusion and swelling of the soft parts, which, as might be expected, from the very nature of the violence or force required to produce this fracture, is almost always the case. The method of treatment recommended by these gentlemen is also objectionable, in that they direct that the arm be kept in the straight position.

The apparatus above represented consists of a band of ordinary sole leather, about two inches in width, and of sufficient length to surround the arm, lined with cloth or chamois, and well padded with cotton or hair. In order to give the band additional firmness, and also to secure it around the arm, a strip of common harness-leather is stitched upon the outside, to one end of which two small buckles are attached, while the other end, which extends about three inches beyond the band, is split or cut into two straps, to correspond with, and fasten into the buckles. The hand is fastened around the arm above the fractured process, and may be drawn to any degree of tightness necessary to bring the broken fragment down when traction is made upon it.

The same band may be used on either arm, and may be adapted to an arm of any size. On the other side of this band, and one inch apart—one on each side of the olecranon—are two buckles or staples, which should be two inches in length, and three-fourths of an inch in width, and clinched on the inside of the leather band, from which they project at a right angle. These buckles or staples also have three bars across them, with two tongues made to turn either way.

In applying this apparatus the arm should be flexed at an angle of forty-five degrees, and a common pasteboard splint, bent at that angle, placed upon its anterior surface. The leather band is then buckled over this splint, just above the fragment of the olecranon, and the entire fore-arm is covered with a bandage to hold the anterior splint firm to the arm, and thus prevent any movement of the elbow-joint, which, if allowed, would be constantly modifying the force exerted upon the fracture. A common buckskin glove is then placed upon the hand, to the anterior and posterior surfaces of which are attached two leather straps, which are to be buckled into the staples on the band. By buckling these straps over the bars, at a greater or less distance from the band, and tightening them as required, we obtain the necessary amount of leverage to turn the lower edge of the band in upon the arm, and push the fractured process down before it.

By making traction upon these straps, any degree of force may be exerted upon the band,

necessary to draw the broken fragment down, and hold it in perfect apposition with the head of the ulna.

It may be objected to this method of treatment, that the arm is held in a flexed position, thus increasing the space between the two fragments. But the advantage of this position is apparent for two reasons:

First, by flexing the arm to this extent the point of the olecranon is made more prominent, and, consequently, the band more surely adjusted, so as not to slip over it; while, again, the force exerted upon the band by the straps, directed at an angle of forty-five degrees from the axis of the humerus, renders the pressure still more secure above the point of the olecranon, and prevents the possibility of it slipping back beneath the band.

The second reason for fixing the arm in this position is to relax the brachialis anticus muscle, the action of which, in cases where the fracture occurs low down, near the base of the olecranon, and especially in a muscular subject, when the arm is held in a perfectly straight position, evidently draws the head of the ulna forward, so that a portion of its fractured surface is in direct apposition with the articular surface of the lower end of the humerus; while if the detached fragment of the olecranon be forced down to its proper position it would not be in complete apposition with the upper end of the ulna, but would leave a triangular space in the articulation to be filled up by callous, and thus produce more or less complete anchylosis of the joint.

This apparatus, when applied as described, is in no way painful to the patient, the band being padded in the inside, and the pressure exerted by it on the anterior surface of the arm bearing upon the pasteboard splint; the only other pressure exercised is directly upon the olecranon, and that upon such a broad surface that sloughing need not occur in any case.

I have treated but one case with this apparatus, and with the following result:

A laboring man, aged 32 years, was admitted to hospital five days after receiving a fracture of the olecranon near its base. At the time of his admission he had an abscess as large as a hen's egg, immedidiately over the point of the olecranon, resulting from a contusion received when the bone was fractured. The abscess was opened before the dressing was applied, and, notwithstanding all the pressure required to hold the bones in apposition was made upon the point over the abscess, it healed quite readily, and in seven weeks the apparatus was removed, leaving firm, bony union in the fracture, without the least deformity or displacement; and now—three weeks since—the patient has recovered almost perfect use of his arm.

No passive motion of the joint was allowed at any period of the treatment."

Acute Rheumatism.

Dr. Wilks, of Guy's Hospital, reports in the *London Lancet* three cases of this disease, treated by different methods, as follows:

Patrick C., aged twenty-six, laborer, was admitted on the 29th of January last, with swelling, redness, and tenderness of both knees and left ankle, and the general characteristics of acute rheumatism strongly marked. Temperature 101.7°; pulse 90. A not very loud systolic bruit was heard at the base, and the second sound was rough. His illness dated from Jan. 15th; and began with malaise, followed, two days afterward, by pains in the wrist, elbows, and ankles, which were red and swollen. Other joints were then affected in turn. During the night of admission he had some delirium. Next day he was ordered an ounce of quinine mixture, with half a drachm of sulphate of magnesia, three times a day, and one grain of opium at night; milk diet. This treatment was continued during nineteen days following, the pulse decreasing in frequency, and the temperature gradually assuming its normal height.

On February 18th he was sitting up, and seemed pretty well. Eight days afterward he had a slight relapse, and the temperature ran up to 100°. His knees, elbows, left hip, and back of the neck became tender. On March 2d a small blister was applied to these parts. Next day he had no pain, except in the back of the neck. His temperature was 99.6°. From this time he rapidly became convalescent.

Sarah C., aged twenty-seven, was admitted, (according to the notes of Mr. F. Taylor), on March 5th, with a temperature of 101.8°; quick pulse and respiration. The ankle, knee, wrist, and elbow joints were all swollen and tender. There were strongly marked symptoms of acute rheumatism. The heart's dulness reached from the second intercostal space to the sixth cartilage, and extended to the right just beyond the middle of the sternum. At the apex a soft systolic murmur was heard. At the base the second sound was very sharp, and a rough murmur was heard with the first sound, louder than at the apex. Base of left lung dull; over base of right lung slight bronchial breathing and increased vocal resonance. This patient had rheumatism

eight years ago, but not so severely as now. She does not know whether her heart was then affected. About Christmas she caught cold, and had shivering; and on January 1st, 1868, her joints became swollen. In three or four days she began to get about, but again became worse, and kept her bed for fourteen days before admission.

March 4th. Blisters were applied to the affected joints, and camphor mixture three times a day ordered.

On the 5th the patient had no immediate relief from the blisters; on the 6th, however, there was no pain in the joints, but there was then intense pain in the chest, which a blister on the sternum relieved considerably. On the 9th a blister was applied to the loins.

26th. She is now convalescent.

Jessie M'D., aged seventeen. From the notes of Mr. J. P. Hartree we learn that this patient was admitted on the 6th of February, with pains in the knees, right ankle, and left arm, and general symptoms of acute rheumatism. The precordial dulness was increased in extent, especially upward. There was a systolic bruit, probably pericardial, and the heart-sounds were indistinct. There was a doubtful history of head affection from infancy.

She was laid in blankets, two over her, together with a woolen rug under, and a flannel gown. No other treatment was adopted, except on February 10th, when she had one grain of opium at night, and a blister to the cardiac region. Her highest temperature was on the 10th, 104.2°; after this it gradually decreased. She sweated very much, and, the nurse told us, smelt disagreeably. She remained in bed till March 3d, the blankets not being changed during this period.

She went out on March 15th, the systolic bruit remaining as before.

Alcohol in the Treatment of Pneumonia.

M. Pecholier, in a work lately published by him on this subject, expresses his opinion as follows: "We hold it to be demonstrated, by facts and arguments, that the beneficial action of alcohol in certain kinds of inflammation, and specialy in certain kinds of pneumonia, is, in the first instance, due to the stimulating action of this agent. We, therefore, accept a portion of Todd's theories, without falling into his exclusiveness. If, in all cases of pneumonia, the vital powers are not always greatly weakened, as the English physician asserts, there exists a kind of pneumonia in which the radical forces are destroyed, and in which curative reaction requires to be stimulated. For this kind of pneumonia, Dr. Todd's prescription is proper; in others it is useless, and sometimes even injurious."

Spontaneous Cure of Ovarian Tumors.

The following cases have a peculiar interest, as showing the possibility of large ovarian tumors subsiding by a natural process. They are communicated by Dr. S. Mitchell, of Cameron Mills, N. Y., to the *New York Medical Journal* for May.

In the fall of 1858, I was called into an adjoining town some twelve miles distant, to see Mrs. C., aged about forty years. Found her with a large tumor occupying nearly the whole abdominal cavity. It was multilocular, and of a rather more than usual hardness. As I learned the history of the case, it had been between one and two years in attaining its present size; when first discovered, was about the size of an egg, and situated in the region of the right ovary. During its growth, it was attended with but little pain or tenderness, except after performing some unusually hard labor. Her general health seemed but little impaired. I diagnosticated it as an ovarian tumor, and declared my conviction that it was incurable by medical treatment. The patient was courageous, and asked as to the probable chances of a successful operation for its removal. A correspondence was opened with Dr. Frank H. Hamilton, then of Buffalo, which resulted in his visiting the patient December 8, 1858, with the view of performing the operation of ovariotomy, if deemed best, after a personal examination. After a careful examination of the case, in view of the comparatively comfortable state of health of the patient, the inestimable value that a few years of life would be in rearing her family of little girls, and of the great risk necessarily attending the operation, he decided not to operate. I have seen her occasionally since that time. There was a steady increase in size of the tumor until within the last two years. It got to be very burdensome from its great size and weight. The only way she could keep about was by wearing a strong bandage with shoulder-straps. She continued to have fair health, has never been tapped or taken any medicine for it. A few weeks since I met her in the street, not having seen her for nearly two years. She was so much diminished in size, I was quite uncertain about her identity. I learned upon inquiry of her, that she had ceased to menstruate within two years, since which the tumor

had steadily decreased in size, and was now about the size of a small child's head, quite hard, and rather firmly fixed. She has no pain, and says she is well, and is doing her own housework. She added, "Tell Dr. Hamilton that I have lived to raise my girls, and to see them happily married and settled in life, and I am feeling better than when he so mercifully spared me the operation."

The points of interest in this case are the length of time it has continued, and the fact of the gradual and great diminution in size of the tumor after the cessation of the menses.

SPONTANEOUS RUPTURE AND CURE OF OVARIAN TUMOR.

Mrs. J., aged thirty-nine, and the mother of several children, miscarried some time in July, 1865, after which she continued in frail health. I was called to see her the last of October. She had complained of almost constant pain and tenderness in the region of the right ovary for some time. At the time of my visit there was considerable febrile excitement, and so severe pain as to require a large amount of anodynes to control it. By an external examination, a firm and hard tumor, two or three inches in diameter, quite tender to the touch, was discovered, apparently attached to the right ovary. She continued in very poor health, with much pain and tenderness in the tumor, which slowly increased in size until January 1, 1866, when the pain and tenderness gradually subsided, and she regained comparative health, and was enabled to attend to her household duties until the latter part of July following, when, after severe exercise, the pain and tenderness returned in a greatly aggravated form, and the tumor much more rapidly enlarged. It now occupied the whole right abdominal region, and extended some distance past the mesial line into the left side, and reached above the umbilicus; was distinctly nodulated.

August 11, was called in haste. Found that the tumor had burst through the *vaginal cul-de-sac*, and discharged a large quantity of a dirty-colored serous fluid, to the great relief of the patient. This discharge steadily decreased until the 28th, when a free discharge of offensive-smelling pus took place, which gradually ceased September 21, the tumor opened by a small orifice at the umbilicus, which discharged first a thin greenish pus, gradually becoming serous. From this time the tumor steadily diminished in size until January 1, 1867, it had totally disappeared, and the patient has been enjoying good health up to the present time, with no signs of a return of the tumor.

Alleged Cure of a Snake-Bite.

The Rev. Father Raphael, parish-priest at Bettish, Chumparun, relates, in a letter dated May 28th, the means which he employed to save the life of a girl, ten years old, that had been bitten by a venomous snake.

"In the space of about ten minutes," he says, "she lost the power of speech, her eyes became bloodshot, and she was in a state of fearful and continued convulsions. Perceiving the dangerous state in which she was, I immediately took a small lump of alum, about the size of a pigeon's egg, dissolved the whole in a large glass of water, and at once made her drink it off. In a few minutes she began to be very sick, throwing up much matter from her stomach, when I again made her drink alum-water. This went on for about an hour and a half, during which time she must have consumed alum of about the size of a hen's egg, dissolved in two large bottles of water, the draughts being administered at short intervals after each vomiting. At the end of the time mentioned, the girl began to recover; and within two hours' time, was able to stand up by herself, and again gained the use of her voice. After this I made her walk about a great deal, and now she is almost entirely cured."

Spontaneous Evolution.

In detailing some cases of this uncommon occurrence to the Obstetrical Society of Boston, Dr. Samuel Morrill made the following suggestions as to treatment, (*Boston Med. and Surg. Journal*, May 21, 1868.)

The occurrence of spontaneous version has been considered so infrequent, and the probability of bringing it about by manipulation so slight, that "turning" by the feet is usually resorted to at the earliest suitable moment, before the uterus has had time to contract upon the child. The cases above stated, however, indicate that spontaneous version is not so very rare, and that it might frequently be induced by well directed measures. Now, too, that relaxations can be produced by etherization, there is less need of immediate interference, especially in the face of great obstacles. We meet, of course, with cases in which imminent danger to mother or child makes any delay inadmissible. The following, which I saw with Dr. Alexander, is an instance of persistent thoracic presentation, where the child might have been saved by prompt interference. She was the mother of five children, and had been in labor, without medical attendance, thirty-six hours before he was called. On examination, we found the vagina filled with what

seemed to be a sac full of loose bones. On further investigation, this proved to be the the left thorax, which had been moulded by long continued pressure, and crowded into the vagina. Under full etherization, I was able to "turn" without difficulty. The mother did well.

The amount of pressure, provided it is intermittent, which the fœtus will sustain without injury, in some transverse positions, is quite remarkable. Twice I have had occasion to "turn" when the arm had been down twenty-four hours; both mothers and children did well. In one case the arm had been down four days, when Dr. Bowditch was requested to see the patient, and asked me to assist him. The "pains" were strong and frequent, the left arm turgid and livid; pulsation natural. Having etherized her to stertorous unconsciousness, I was able to bring down a foot sufficiently to get a tape looped around the ankle, and by drawing on this with the right hand, and rotating the hip with the left, the delivery was readily accomplished. Both mother and child did well.

Researches on the Tooth-Pulp.

An article on this subject by M. Franz Boll, a medical student of Bonn, one of Prof. Max Schultze's pupils, is published in the *Quarterly Journal of Microscopical Science*. The points to which he has directed his attention, are, first, the mode of termination of the nerves of a tooth, which is a subject as yet but little investigated; and, secondly, the relation of the intertubular dentine substance of the tooth to the tooth-pulp, and the developement of the former from the latter. He has found the long incisors of rodents admirably adapted to this investigation, and in examining the nerves, has made use of the terchloride of gold, which was lately recommended by Cohnheim, and used by him in the investigation of the nerves of the cornea. With regard to the first of these matters in question, he states that extremely fine nerve filaments pass between the pulp-cells, and penetrate the dentine of the tooth, just as do the processes from the peripheral cells of the pulp; hence it is necessary to distinguish two sorts of dentinal canals—those which contain processes from the pulp-cells, and those which contain nerve-fibres. Three views as to the origin of the intertubular substance of the dentine have been current; one is Kölliker's, who conceives it to proceed from the calcification of a soft matrix excreted from the dentinal cells and their thin prolongations; the second is Waldmeyer's, who modifies Kölliker's views considerably, and denies the existence of a præformative membrane to the pulp. He maintains that the formation of the dentine consists in the conversion of a part of the protoplasm of the dentinal cells into a collaginous substance, which is subsequently calcified, while the remaining part of the cell protoplasm continues in the form of soft fibres to occupy the interior of the tube surrounded by the calcified substance. H. Hertz, in a paper published in Virchow's *Archiv*, 1866, states that the intertubular substance of the dentine is the chemically changed and calcified intercellular substance of the pulp-cells. Herr Boll proceeds to discuss the views of Waldmeyer and Hertz, but fact after fact has convinced him that Waldmeyer is correct. He gives several figures of the peripheral cells of the tooth-pulp—the odontoblasts—with from one to four processes projecting into the dentine substance. One of his sections shows the cells completely detached from contact with the dentine, excepting through their long fine processes; and it is most clearly seen that there is no connection between the hard substance of the dentine and any intercellular matter of the pulp; in fact, no such intercellular matter exists at the periphery. The limitation of the hard substance of the dentine, where it comes in contact with the cells of the pulp, is termed *membrana eboris*. The multiplicity of processes from the odontoblasts, instead of a single fibril, as originally described by Lent, is an interesting observation.

Reviews and Book Notices.

Sur L'Emploi du Phosphore en Medecin, et en particulier dans le Traitement de l'Ataxie Locomotrice Progressive. Par Dr. G. Dujardin-Beaumetz. Paris: 1868, broch, pp. 28. For sale by John Penington & Son, Philadelphia.

This is an essay read before the *Société de Therapeutique*. After a careful examination of the various preparations of phosphorus, the author decided in favor of capsules of phosphoretted oil, ether, and chloroform, each containing one miligramme of phosphorus, made up in colored gelatine. He tried these in a number of cases of well-marked locomotor-ataxia, and though an absolute cure was obtained in no case, yet in every one there was decided amelioration of symptoms. As such, the medicine evinces a power over the disease of the highest importance. The remarks of Dr. Beaumetz on the toxicology of the drug and its physiological action, especially as an aphrodisiac and general stimulant, are in a high degree worthy of attention. The essay, indeed, is a masterly one.

Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 29, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

HARVARD UNIVERSITY DENTAL DEPARTMENT.

This time-honored school, possessed with a foresight which should have had origin in our own goodly city, has made an advance step on the mode of educating the dental practitioner, which, without doubt, will be the means, sooner or later, of altering the status of that specialty and place it in mass on a platform now occupied by the very few. Connected with this University has now been established a dental department which, as we understand it, is a clinical adjunct, wherein is taught to such regular medically educated students as incline to the specialty, the manipulation of dentistry proper, precisely as in special hospitals, adjunct to medicine proper, certain students enroll themselves for a special study of ophthalmic surgery.

Dental education as heretofore pursued, while perhaps the best possible in the infancy of that specialty to be inaugurated, is evidently so faulty and imperfect that the end of such manner of teaching is no more difficult to see than is it easy to recognize that a whole must be greater than its part. If dentistry lays claims to be a science, its claims rest entirely and exclusively on its relation with medicine, then follows, *per se*, that its practitioners must precede their special studies with the general common curriculum to possess just claim to the distinction of belonging to a learned body. That this is recognized by all men of eminence practising the specialty, is evident by the connection which they all have as quickly as possible formed with the common profession, and with the regret common to all of them that the study of medicine should not in all cases precede rather than succeed the study of dentistry proper. Perceiving this and recognizing that the time has now come when the dentist, like the oculist, should stand on the common medical platform the University of Harvard has established this new department. We heartily congratulate it on the good it will inaugurate in this move, and it will be with profound pleasure that we shall extend the hand of a common fellowship to practitioners of such auspices. The success of this department of Harvard, if properly and energetically conducted, will be a true one—we feel it and know it, the move is the fulfilment of a long anticipation with us. We congratulate the Trustees and the Faculty, and even so more heartily do we congratulate the community who will come to have the services of solidly educated oral surgeons rather than the mere dentist of the past and passing age.

The Faculty are: NATHAN C. KEEP, OLIVER WENDELL HOLMES, HENRY J. BIGELOW, JOHN BACON, THOS. B. HITCHCOCK, GEORGE T. MOFFATT, LUTHER D. SHEPARD.

MEDICO-BIOGRAPHICAL RECORDS.

It is a strange fact that most of us know less about our own lives than about the lives of others. We peruse with eagerness the biographies of great generals and statesmen, but very rarely spend any time in looking back reflectively on the events of our own existence. We let the dead past bury its dead, and seek not to draw any lessons but from its bones. Our ancestors are not remembered with affection, and but few of us can tell even the names of our forefathers farther back than we personally met them.

Yet there is much of practical value in such retrospective knowledge, and even when it is concerned merely with the vital statistics of ourselves and parents, there is enough in it to demand the attention of every one. Life insurance companies make such inquiries, and base upon them their action in policies. Far-seeing physicians often make them, and find

occasion at times to modify their diagnosis and treatment by information thus obtained. Statisticians propound them, and from the replies deduce laws of life of every-day use. The law seeks from them often the answer to vexed litigations. It is eminently proper, therefore, that some means should be suggested by which specially these vital statistics should be preserved in a uniform and correct manner. Few persons know exactly what is wanted, and when they do, having no special place to put them down, they omit them altogether. The family Bible contains not space sufficient, and leaves everything to the discretion of the head of the house.

We are glad, therefore, to call attention to a thin quarto volume lately prepared by Dr. J. H. Griscom entitled "The Family Record, Biographic and Photographic. Arranged for recording in Detail the Personal Incidents in the Life of each member of the Family." The author states his plan in his preface as follows:

"The first page, besides being devoted to the record of the names, birth, marriage, etc., of both husband and wife, and a space for the photographs of each, to be inserted at several different ages, is arranged for recording the name, date and place of birth, and death of the parents and grand-parents of each, including three generations. In addition to which there are spaces for recording other incidents in the life of each.

"The remainder of the volume is appropriated to the records of the descendants of the first named parties, two entire pages being devoted to each, containing the name, date, and place of birth, with space for five photographs at different ages; also for the character and period of whatever diseases they may have, and the height and weight at different ages, with the schools, occupations, and whatever other incidents may seem desirable to be remembered."

The plan, it will be seen, is a most excellent one, and if it were only carried out by the majority, or even many, it would be of signal use for many purposes, besides its personal interest to the family. Unfortunately, as we before adverted to, the singular want of interest in our own past forbids us to hope that it will be extensively adopted. We cordially wish that it were, and all who would like to make a beginning can obtain a copy of the Record from Ed. Griscom, 42 E. 29th street, New York City.

Notes and Comments.

The Action and Treatment of Cobra Poison.

Surgeon-Major Charles B. Francis, of the Indian Army, says the *Brit. Med. Journal*, has been experimenting with a view to investigate the action of cobra-poison, and the discovery of an antidote. He has established that the ichneumon or mungosse, vulgarly supposed to be invulnerable, will, when fairly bitten, die from the effects of cobra-poison, exhibiting the same symptoms as other animals; that harmless snakes, bitten by a cobra, die; but that when cobras are made to bite each other, they do not suffer. This last is a very nice experiment to perform, as they have each to be held by the neck, with the thumb well pressed upon the back of the head, and so approached to each other, and to fight till the jaws are well locked together. As to treatment, while no direct antidote is known, two remedies are of the highest value; stimulants, as ammonia, which prevent life from becoming extinct while the poison is wearing itself out; and continued and forced exertion. In all the cases to which Dr. Francis has been called, where measures having for their object the prevention of lethargy, were fully aimed at, the result was highly satisfactory. Dr. Fayrer and Dr. Francis do not confirm the changes described by Dr. Halford in the blood of animals dying after the bite of the cobra.

A Defence of Alcohol.

In the Appendix by Dr. Thudichum to Mr. Simon's Tenth Report to the Privy Council, he discusses Alcohol in Relation to the Chemistry of the Human Body. While admitting, as established beyond doubt, that the habit of drinking large quantities of spirits and beer is to be deprecated as highly dangerous and objectionable, he adds: "But when from this the conclusion is drawn, that alcohol ought altogether to be abandoned, and that we all ought to do without any alcohol, I must say that that is one of the most overstrained propositions that could be made. Alcohol, when we have worked and are fatigued, is a great restorative, and stimulant, and food,

and one of the greatest necessities of human life. Perhaps there has been no time and no nation in which some kind of alcohol has not been used, and mostly in the largest number of cases beneficially."

The Calomel Bath.

From some recent experiments which he has made, Mr. Henry Lee has found that the irritating agent which is given off from the calomel bath, especially when this is freely used, is nothing more or less than hydrochloric acid. The effect of this acid is negatived by the use of a tray of water surrounding the pan which contains the calomel, so as to ensure its dilution. This is a little practical matter which is not sufficiently attended to by practitioners, and its neglect of course readily accounts for one source of unfair objection to the action of the bath.

Hereditary Nature of Hare-Lip.

M. Demarquay lately asked the advice of the members of the Surgical Society of Paris touching a little girl, five years old, who presented a double hare-lip. Some difficulties will be encountered in the operation, but the interest of the case lies in the fact that, in the family, from the grandparents downward, eleven children have been born with hare-lip, or with a peculiar conformation of the lower lip—namely, two openings on either side of the mesial lines, traversing the whole labial thickness, with a peculiar form of the lip itself. To this latter defect M. Demarquay had called attention, in the *Gazette Médicale*, as early as 1845.

Hydrophobia in Paris.

M. Peter had lately under his care a man aged thirty-one, who died with fearful spasms of this sad complaint. He was admitted on the 27th of March; death occurred on the 29th, and he had been bitten by his own dog in the preceding November. The wound had been cauterized with the perchloride of iron, (*sic*). The principal features of the treatment were vapor baths and subcutaneous injections of sulphate of tropine. The autopsy revealed considerable congestion in the lungs and brain.

Liebig's Bread.

The great German Philosopher is consistent: after his extract of meat he gives us bread to eat with it. Of course this bread is more congenial to the taste, and digests better than ordinary bread. Nor is this all; for M. Liebig maintains that, by his process, 7 per cent. more bread is obtained than by the usual methods. If these promises are not vain, it will be advisable to give the new process a trial.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

The Effect of Ergot.

Editors Medical and Surgical Reporter:

A case has lately occurred in my practice which would seem to fortify the position of those who maintain that ergot is incapable of inducing contractions in a quiescent uterus, and that it also exerts a deleterious influence on the child.

Without entering into minutiæ, it will be sufficient to state that the case was that of a female, aged 48, with an obliquely contracted pelvis, in her ninth confinement, who spent many hours in vigorous labor in propelling the head of the fœtus to the inferior strait, where it became arrested. Unsuccessful attempts were made by myself, and subsequently by an experienced professional friend, to deliver with the forceps. Foiled in our attempts at forcible delivery, the vigor of our patient remaining unimpaired, and the pulsations of the fœtal heart continuing regular and in full force, a delay was determined upon until an evident necessity arose for interference in order to save the mother.

In a few hours the pains *absolutely* ceased, the skin became dry and hot, the pulse quickened, the external genitalia slightly swollen, hot, and dry; the buccal secretions tenacious—signs indicating clearly enough the commencement of a state which would speedily end in prostration. The fœtal heart still maintained its regularity and force.

Urged by my friend I now gave a drachm of the fluid extract of ergot, which failing to produce effects in half an hour, two drachms more were given. This likewise failing, and under the impression that the extract had lost, to some extent, its virtues, I gave a third dose of f.ʒiij an hour from the last. After the expiration of another hour, no uterine contractions having taken place, I directed a towel to be wrung out cold water and applied to the abdomen. This was instantly followed by vigorous and

uninterrupted pain until the birth of the child, which occurred in less than ten minutes from the application of the towel. No physician of experience would have hesitated for a moment in ascribing the intensity and persistency of the pain to the ergot; yet it did not manifest its wonted power until the uterus had been brought into action by another stimulus. The child was still born.

The only points in this case which forcibly arrested my attention, in reflections upon it afterward, were the insufficiency of the ergot, *per se*, to induce uterine contractions and its destructive influence on the child. Both these points were so conspicuously brought out that the merest tyro could have readily recognized them. In twenty minutes after the first dose of ergot was given, a notable change in the force and frequency of the fœtal pulsations was evident not only to myself but also to the attending women. The asthenia of the heart rapidly increased after the second dose, and its pulsations became inaudible shortly after the third.

This was the first case in which I had used ergot as a parturient for fifteen years, as I had been deterred from using it in consequence of the ill effects which I attributed to it in my earlier years of practice, and would not have used it in this, had it not been urgently pressed upon me by the gentleman whom I had called in consultation. I must hereafter consider, with Dr. Hosack, ergot to be *pulvis ad mortem*, as regards the child. James P. Andrews, M. D.

Colerain, Pa., August 18, 1868.

Death from Winslow's Soothing Syrup.

Editors Medical and Surgical Reporter:

On the evening of the 28th ult. I was called by Mr. L. to see his infant, aged nine months. Found the child troubled with a moderately frequent mucus diarrhœa, such as is incident to teething children. He had slight fever, was languid, indisposed to move, preferring to lie quiet in his cradle. Showed no symptom indicative of any serious trouble.

I was told Dr. ——— had prescribed eight powders the day before, of which three or four had been given. I ordered hydrarg. cum creta, grs. viij.; Doveri, grs. iv.; saccharum, grs. viij., made into four powders, one to be taken every three hours.

At eight o'clock the following morning the father called in haste, soliciting my immediate attendance, saying the child was dying. Previously that morning he sought the services of another physician, Dr. ——, being the third called in the same number of days.

This man is one of a class found in all cities, who change the physician daily, pay none, and in the interim administer all kinds of drugs and quack preparations.

Dr. H—— and myself arrived about the same time, and upon inspection found the following symptoms.

The child lay in a semi-comatose condition, with pallor of the face, open eye-lids, contracted pupils, cool skin, cold extremities, increased heat of head about vertex, and thumbs contracted into the palms. There was a vacant expression of the eyes, constant low moaning, and perfect indifference to surrounding objects. The only movement was an occasional closing of the eye-lids.

Dr. H. was confident that opium in some form had been administered. The father denied having given it anything except one of the powders I prescribed the day before, and a "little brandy."

The warm bath was immediately ordered, revulsions in the form of mustard cataplasms, hot irons, and friction to the extremities, weak brandy given frequently, and two-drop doses each of aromatic spirits of ammonia and tincture of belladona, administered every fifteen minutes. Death occurred at eleven o'clock, three hours after my arrival.

The only reaction observable was a temporary dilation of the pupil after each dose of belladonna. Slight convulsions preceded death.

Before leaving the house I discovered a bottle of Winslow's soothing syrup, partially empty. I called the father's attention to it, and asked if any had been given to the child. He acknowledged they had commenced giving it the night previous, at 10 o'clock, and continued until six teaspoonfuls had been administered by six o'clock in the morning, when they noticed the child was growing worse.

I do not know the contents of this popular nostrum, but believe it occasioned the death, and the case a veritable one of poisoning by opium.

Upon reviewing the case I think the treatment should have been more active. The hot bath, for instance, and larger doses of belladonna.

What say yourselves and readers, Messrs. Editors? let me have your comments. C.

Washington, D. C., Aug. 21*st*, 1868.

[We have no doubt ourselves that this is a clear case of poisoning, and the sale of Winslow's Soothing Syrup should be prohibited by law, as

dangerous and destructive of life. We have known several instances where the child suffered severely from the use of it.—Eds.]

Hemorrhage from Navel.

Editors Med. and Surg. Reporter:

Being called to see a child of eleven days old that was bleeding from navel, was surprised on examination to find the clothing saturated with blood. The bed had quite a large mark of blood, evidently requiring a considerable quantity of blood to make such a show. The child had not been seen since eight o'clock the evening before, it being about six—upon inquiry I found the unbilical cord had separated on the fifth day, that there had been some show of blood on the dressing but not sufficient to cause alarm. The bleeding appeared to flow from the entire surface of the navel. Styptics were applied, among them, the subsulph. ferri, galls, nit. silver, etc. Compresses were applied but all proved of little avail. The patient continued to sink until eight o'clock that evening when it died exsanguinous.

Carmichaels, Pa., August 5, 1868.

Are Locusts Poisonous?

Editors Medical and Surgical Reporter:

In your number of August 1, on "Are Locusts Poisonous?" you request your readers to communicate what they know.

On June 18th I was called in a hurry to see a case, the messenger reported it a bad one. The gentleman is a horticulturist, was working among his apple trees, and was so annoyed by the insects that he commenced slaying them by clapping his hands upon them, crushing them instantly. In one of these efforts the sting or perforator inserted itself into the patient's thumb.

Before I arrived the patient applied his own suction powers to exhaust the poison, and also alcoholic bathing with lobelia solution. I found the place discolored and a circle of about the size of a three cent piece affected.

Not having read anything in journals or other books on the subject, I paused and did not know but some poisonous effect might follow. I proposed opening the wound and let the blood flow, and cauterize it; the latter I was only permitted to do. I waited some time for effects, but although my patient thought he felt dizzy and queer, etc., I could see no poisonous symptoms whatever, and then we concluded there was no poison about it.

After an hour's interval the gentleman invited me out to see where he was stung and proposed to show me how awkward he was to allow it to happen, and discovering one of the insects on a limb, he remarked he could do it again without their stinging, and suiting the action to the word he *did*. This time the sting entered the palm of the hand, so the patient had to go through the second process of treatment. This time I contented myself with sucking at the wound. As no inflammation followed this sting I left my patient comfortable, concluding there is no poison about a locust's sting. Examined the perforator under a microscope. It looks like a triangular saw, serrated all the way on one side to the point. Am satisfied there is no poison attached to such stings more than what occurs from lacerated punctures from other causes.

Rumor had it that cases died at some places close by, instantly from stings, and my case was circulated as one who died of being stung. But I know not one authenticated case where any evil followed. William Goldrick, M. D.

Delaware, Ohio, August 10, 1868.

Cicada.

Editors Med. and Surg. Reporter:

I read your article asking the question, "Are Locusts Poisonous?" published in your journal of Aug. 1st. In my opinion, it is not the eggs of the cicadidæ, or American locust, that is poisonous, but the ovipositor. In the interior of Pennsylvania, where I spent my boyhood days, the sting of the female locust was always considered poisonous. I recollect hearing quite a number of instances of poisoning the year they were so plentiful in that State. One of the cases was a relation of mine. The treatment resorted to was milk poultices. At that time the fruit and forest trees were almost destroyed. All the branches of the trees that were perforated with the ovipositor of the cicada died.

Some may doubt the poisonous effect of the ovipositor, and attribute the death of the injured branches to the inroad of the larva, but that is not the case, for as soon as the larvæ leave the eggs, they fall to the earth, where by means of their six legs, they rapidly descend into the earth. O. C. Alexander.

Albany, Aug. 8th, 1868.

—— Dr. J. Edward Turner, who claims to be the founder of the first inebriate asylum in the world, but who made an utter failure in the State Inebriate Asylum at Binghamton, N. Y., has opened an office in New York City for the medical treatment of inebriates and opium eaters. He has a "Retreat" which, we believe, is located at Wilton, Conn.

News and Miscellany.

Meteoric Stones from Mexico.

Eight so-called meteoric stones have just arrived in Philadelphia, the same having been discovered and unearthed among the mountains of Mexico, nine hundred miles from the coast, by Dr. Henry B. Butcher, of Philadelphia, who has for some months past been on a private ornithological research through the country mentioned. These fallen meteors are consigned to the Academy of Natural Sciences in the latter city, and will, in a day or two, be added to the vast number of natural curiosities in that institution. The *Inquirer* says they resemble wrought iron boulders of irregular shape, with sharp projections, and the aggregate weight of the eight specimens is over three thousand pounds. On their arrival in New York they were closely examined by a number of scientific gentlemen and pronounced genuine specimens of meteoric stones. They were conveyed by teams from the interior to the coast of Mexico, and from there shipped to New York.

—— The Dartmouth Medical School opened on the 13th, and Dr. Alpheus D. Crosby took the chair of surgery, vacated by his father, Dr. Dixi Crosby, who in his thirty years' connection with the institution has been absent from his post on only one occasion. The old doctor will still lecture on obstetrics and have general superintendence of the school.

—— Dr. Chandler B. Braman, of Boston, a surgeon in the United States Army, was shot and killed in Baton Rouge, La., recently, by Lieut. McGensen.

[Dr. Braman has been a frequent contributor to the Reporter, and his contributions were always marked by originality of thought and close observation. It is with profound regret we mention his untimely end.]

—— The Canton (Mass.) records from forty to seventy years back, show that the number of children in the American families of that town averaged about ten or twelve, but now they do not average two.

NAVY NEWS.

List of changes, etc., in the Medical Corps of the Navy, during the week ending August 22d, 1868.

Passed Assistant Surgeon G. B. Lecompte, ordered to U. S. S. Ossipee, N. Pacific Squadron, to take the place of Assistant Surgeon E. D. Martin, deceased.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Wood—Russell.—In Sandwich, Mass., July 30, by Rev. W. F. Mallalieu, I. Willard Wood, of Westborough, and Mary S. Russell, only daughter of Henry Russell, M.D. of Sandwich.

ANSWERS TO CORRESPONDENTS.

Dr. W. C. M., of Ills.—"I wish you to give me a treatment for the following case: Male, aged 42, carriage maker by occupation; has had, for the last ten years, an excruciating pain in the lumbar region, which comes on every morning about two o'clock, only to be removed by assuming an erect position. Change of position in bed does not influence it in the least. Is perfectly healthy otherwise, and has always been so. Has been cupped and blistered; morph. sulph. has been injected subcutaneously, and he has taken vin. colch. rad. cum morphia, without any relief. I neglected to say that there is *no* tenderness whatever upon pressure, and that he is a well formed man in every respect. What shall I do for him?"

We confess to being at a loss for an exact diagnosis. On general principles, we would try potass. iodid. or bromid. Perhaps some of our readers will offer a wiser suggestion.

Dr. W. H. R., of O.—You say your patient, one subject to occasional attacks of balanitis for a long period, during his present attack found an excoriation under the prepuce, and on the next day two small round red spots on the glans. You kept it clean with soap and water, and the use of lime-water. There is nothing here that forces us to suppose syphilis present, and we would recommend, therefore, some simple wash, as acetate of lead or sulphate of zinc, weak, and with careful attention to the cleanliness of the prepuce.

METEOROLOGY.

August,	10,	11,	12,	13,	14,	15,	16.
Wind	W.	W.	N. W.	N. W.	N. W.	W.	S. W.
Weather	Clear.	Cl'dy. Sh'r.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain		5-10					
Thermometer.							
Minimum	60°	65°	60°	53°	61°	60°	63°
At 8, A. M.	72	71	68	64	65	73	74
At 12, M.	80	81	75	72	80	81	79
At 3, P. M.	80	77	75	75	79	83	78
Mean	73.	73.50	69.50	66.	71.25	74.25	73.50
Barometer.							
At 12, M.	30.1	30.	30.1	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

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